FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

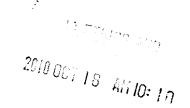
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Reset Form

Parties must be filed electronically.



COMMITTEE NAME, (Must be same as on Statement of Organia	ration)			
	Λ´ • .		FORM	<u> </u>
Cama Guite Dengestie Contro Commetto			DR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2)	State PAC (3)State Party		lev. 12/2009)	REPORT
(4) County Central Committee (5) County Candidate (6) City Candidat	e (7) School Board or Other Politics	ي ا	w Office Hea O	<u> </u>
Subdivision Candidate (8) County PAC (9) City PAC (10) School Boa 11) Local Ballot Issue	ard or Other Political Subdivision PA(; ([2]	omm.#	9174
CANDIDATE COMMITTEES ONLY:			egged in 5	
Candidate Name	Political Party (if applicable)			
		Co	omputer	
Office Sought	District (if Senate or House)	Au	idited	
Late reports are subject to possible civil and criminal penalties. Pursu candidate's committee, and the chairperson, for any other type of com-	ant to lowa Code sections 68B.32/ mittee is the individual responsible	(7) and 68A e for filling tir	\.401(3), the car	ndidate, for a
	mintoo, to the member responden		inory and accord	ко горого.
K had (No	319-476-3468	2	2415	201)
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATES	CMED
			DATE	
1 AM FILING A October 19, 2010	REPORT FOR (1) ELECTION	I /(2)NON-I	ELECTION YE	AR.
(report date)	Indicate by	#[7]		
CHECK IF AMENDMENT TO REPORT DATED				
HONEOK II AMENDINENI TO NEFONT DATED		Local Comr	mittees, enter Da	te of Election
☐ Check if this is final (termination) report and attach Notice of □	issolution Form DR-3.	County & L	ntv & Local Committees, enter County in	
(You must continue to file reports until a DR-3 is filed.)		which Elect		, сикси Солику и
		7/	41917	
STATEMENT OF CASH ON HAND				<u> </u>
CASH ON HAND at the beginning of the reporting period. (Total	of all funds held by the			
annuality at This amount SELECT to the second of the	L L 1 . 445	_	184	6,67
of the last reporting period or must be zero if this is first	report filed.)	\$	10:	1705
ADD TOTAL MONEY TAKEN IN THIS PERIOD			511	667
Schedule A: Cash Contributions total (Attach Schedule	, .			er e i
Schedule F: Loans Received total (Attach Schedule F)				
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)		**************************************	
(Schedule H applies to Candidates' Commit	tees Only)		13%	1 22
	SUB-TOTAL	\$	0,00	1170
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			71	A 11
Schedule B: Expenditures total (Attach Schedule B) (**	also see debts and loans below)			0,66
Schedule F: Loan Repayments total (Attach Schedule F	-)			
CASH ON HAND at the end of this reporting period (if final report	balance must be zero)	\$	1,5 9	0,76
**UNPAID BILLS (From Schedule D - Attach Schedule D)				
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule		•		
OUTSTANDING LOANS (From Schedule F - Attach Schedule F	•		***	
	}	₽	VEC	NO.
CONSULTANT BREAKDOWN (Schedule G Attached?)			_YES	NO
CANDIDATE COMMITTEES ONLY:	0.1	_		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign account to	·			

For Instructions, See Back of Form

DISCLOSURE BOARD.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

 SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	RECEIVED	FUND- RAISER INCOME
710 10	ID#	Sharm Queus, 408-54 Street		\$ 90	
M770	())	7 vaec, Fora 50675		\$20	<u> </u>
7-23-10	ID#	Shown Behrunch		100	
1-010	ID# 3068	2753-370 St. Cholsen, Tazzero		100	
8210	CK# Cash	Cashot Central Meeting		41.82	
0010	ID#	0		7,700	
8-31-10		Bonnie Mouour 1802 Seymon, Tama, Ta 52 3 39		100	
0 00 10	CK# 6869			700	
9-1-10	ск# 8423	Glan Solishur 502 Main 8t.		25	
	ID#	Dyeart, Lova 53224	: 		
9-1-10	CK# Cash	Cashat Central Marting		29.85	
	ID#	Niano Monas 1003 F 17th			
9-15-10	ck# 2889	Niene Meyer, 1003 E, 1th. Tana, Iona 52334		30	
1, , , , , , , , , , , , , , , , , , ,	ID#	Cashat Central Meeting			
9-15-6	CK#Cash			10	L
	ID#	Rose Kvidera, 210 Mill St.			
10-10-10	ск# 8154	Trace, Lova 506 75		25	
10-10-10	ID#	Tom Donah, 3937-2904 87		a s	
10-10-10	ск# 3694	Clutier Jour 52217		30	
		,	SUB-TOTAL	1/01/1	

TOTAL (if last page of this schedule)

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

CHECK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Tama Counte Democratic Control Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-10-10	CK# Cash	Cash at Tran condulate Next & Great		\$ 115	4
	ID# CK#				
	ID#				
	CK#				
	ID#	, <u>, , , , , , , , , , , , , , , , , , </u>			
	CK#				
•	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				L
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	. 115	

TOTAL (if last page of this schedule)

Page ______ of _____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE		same as on Statement of Organization) Emociatic Entrol Com	mittoo
DATE EXPENDED	CANDIDATE ID NUMBER (if applicable)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PUR (DESCRIBE T

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-28-10		John Merge 1003-E7TS Tana Tora 52339	Parit for flood	\$ 9,95
7-28-10		Many Jo Cheweny Toledo, Jowa 52342	Popsiiles for Parable	25
7-28-6	ID# CK#/206	Tana Averica Segion Tana Iva 52339	ase of building	75
8-8-6	ID# Ск# <i>1Э0</i> 7	Iona Notwork Services	internet	14.99
8-25-0	ID# Ск# <i>/30</i> 8	City of Trose	use of Shelterhouse	25
9-1-10	ID# CK#/209	Slen Salibrury 502 main Day 52024	butter making	65.84
9-11-10	ID# CK#/2/0	Fora Network Sewies	internet	14.99
9-15-10	id# ск# <i> Э </i>	Swoboda Son Recorder	Contribution to Canpaign	100

TOTAL (if last page of this schedule)

SUB-TOTAL

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	i		9	
Page		of _		_

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF 1D NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B MONETARY (Rev. 07/03) **EXPENDITURES**

L CHECK THIS BOX IF AMENDING FORM

Tan	a Count	to Democratic Central C	omnitta	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-15-10	0 7070	Chevery for Treasurer	Contribution for Compaign	s 100
9-2070	ID# CK#/2/5	City Clerky Tolodo	Skoller house	25
9-20-10	ID# CK# /J-/-/	Tom Celèlheism Toleko, Ivra 53342	sent of building	3 <i>0</i> 0
1012-10	/ / / /	Ivva Netwoh Services	internel	14.99
	CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

> 2 Page

SUB-TOTAL

TOTAL (if last page of this schedule)